

**IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF TEXAS
LUBBOCK DIVISION**

STATE OF TEXAS)
vs.) Case No. 5:13-cv-00255-C
EQUAL EMPLOYMENT OPPORTUNITY COMMISSION)
and)
JACQUELINE A. BERRIEN, in her official capacity)
as Chair of the Equal Opportunity)
Commission,)
Defendants.)

)

AFFIDAVIT OF MAILING

I, Arthur C. D'Andrea, hereby state that:

On the 4th day of November, 2013, I caused to be deposited in the United States Mail a copy of the summons and complaint in the above captioned case, postage prepaid, return receipt requested, restricted delivery, addressed to the following defendant:

U.S. Equal Employment Opportunity Commission
Civil Process Clerk
131 M Street N.E.,
Washington, DC 20507

I have received the receipt for the certified mail, No. 7009 2250 0003
9938 0650 (attached hereto), indicating that delivery of the summons and complaint was made upon said defendant on the 12th day of November.

I declare under penalty of perjury that the foregoing is true and correct.

December 13, 2013
(Date)

/s/ Arthur C. D'Andrea
(Signature)

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">■ Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee X</p> <p>B. Received by (Printed Name) <input type="text" value="NOV 12 2013"/> C. Date of Delivery <input type="text" value="NOV 12 2013"/></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
1. Article Addressed to: EEOC CIVIL PROCESS CLERK 131 M STREET NE WASHINGTON DC 20507		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>7009 2250 0003 9938 0650</p>	
2. Article Number (Transfer from service label)			

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540